

Application for Occupational Therapist/Occupational Therapy Assistant Licensure

Iowa Department of Public Health/Bureau of Professional Licensure

Must Submit a \$120 Non-Refundable License Fee

1. Type of Application

Occupational Therapist:

- ☐ License
☐ OT Limited Permit

Occupational Therapy Assistant:

- ☐ License
☐ OTA Limited Permit

2. ☐ Applying by Examination (*new graduate*) **OR** ☐ Endorsement (*previously licensed in another state*)

Please write clearly and legibly (Instructions on page 3)

3. _____ 4. _____
Last Name First Name and Middle Name

5. _____
Mailing Address

6. _____ 7. _____
City, State, Zip Code E-Mail Address

8. _____ 9. ____/____/____ 10. ____ -- ____
*Daytime Phone (Including Area Code) Date of Birth (mm/dd/yyyy) Social Security Number**

11. ☐ Male ☐ Female 12. _____
Gender (optional question) If any of your documentation is in a name other than your current name, list the previous names of record.

13. The following five questions **must** be answered.

If you answer "Yes" to any question below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.

Yes	No	Been convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under \$500)?
Yes	No	Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim filed against you?
Yes	No	Been investigated by a licensing, registration, or certification authority or organization? If the investigation or action was instituted by this licensing board you may answer "NO" to this question.
Yes	No	Been disciplined or sanctioned by any other licensing, registration, or certification authority or organization related to your professional practice? If this licensing board took the disciplinary action, you may answer "NO" to this question.
Yes	No	Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)

14. _____
Name of Professional Educational Institution Location

15. Graduation Date: ____/____/____

16. Are you or have you ever been licensed, certified, or registered in another state? ☐ Yes ☐ No

If yes, list the two letter initials of the state(s) _____

Provide verification of the license(s) from every jurisdiction in which the applicant has been licensed, sent directly from the jurisdiction(s) to this board office. Web-based verification may be substituted for verification direct from the jurisdiction's board office if it provides Licensee's name; Date of initial licensure; Current licensure status; and any disciplinary action taken against the licensee.

17. Have you taken and passed the National Board of Certification (NBCOT) exam? ☐ Yes ☐ No

Date of Exam ____/____/____

18. Limited Permit 645-206.3

An applicant who is applying for licensure by taking the licensure exam for the first time may practice under the supervision of an Iowa licensed OT for a period not to exceed 6 months from the date application is received. Application must be in the board office and be approved prior to starting employment.

- a. I plan to practice as an OT ☐ OTA ☐ limited permit holder. Yes ☐ No ☐
- b. My supervisor will be _____
Supervisor Iowa License Number
- c. Planned Start Date: ____/____/____ Actual Start Date: (to be determined by the board) ____/____/____

If the applicant for the limited permit fails the national examination, they must cease practicing immediately.

Changes in supervision must be reported within seven days after the change in supervision takes place.

19. Endorsement applicants only: (Submit one of the following)

- a. Employer(s) statement of practice of occupational therapy for a minimum of 2080 hours during the immediately preceding two-year period;
OR
- b. Completion of 30 hours for OT and 15 hours for OTA of continuing education during the immediately preceding two-year period; **OR**
- c. Have passed the national board of certification (NBCOT) exam within 2 years prior to applying for licensure in Iowa.

Certification

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me during this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions in Iowa law. Finally, in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

I attest that I do not have a medical condition which impairs or limits my ability to practice my profession with reasonable skill and safety and understand that I must notify the Board should such a condition arise which impairs or limits my ability to practice my profession with reasonable skill and safety.

Applicant must sign here in ink

Date

*This information is collected pursuant to Iowa Code chapters 272J, 261 and 272C. Failure to provide mandatory information will result in license denial. Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. §666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

NOTE: Applications must be complete and signed to be processed. No application will be considered complete until ALL required supporting documents and fees have been received in the Board office.

Allow four (4) weeks for processing from the time ALL documents are received.

Licensure applications are maintained in the board office for two years. An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant.

INSTRUCTIONS

To complete application, answer each question completely in ink. The following is a list of the supporting documents and fees required for licensure. It is the applicant's responsibility to see that all required documents and fees reach the board office.

LIMITED PERMIT: A limited permit to practice as an occupational therapist or as an occupational therapy assistant may be granted to persons who have completed the educational and experience requirements for licensure and are waiting to take the licensure examination. The limited permit is valid for six months or until the date on which the results of the licensure examination are made available. **Your application must be on file with the board office prior to starting employment.**

- ☐ **Non-refundable** license fee of \$120. Check or money order made payable to the Iowa Board of Physical & Occupational Therapy.
- ☐ **Official** transcripts sent directly to the Board office from the school.
- ☐ **Signature on the application.**

Occupational Therapist

Licensure by Examination:

- ☐ The non-refundable licensure fee is \$120. Make check or money order payable to the Iowa Board of Physical & Occupational Therapy.
- ☐ **Official** professional transcripts sent directly to the board office from the school.
- ☐ **Official** score report from NBCOT verifying a passing score on exam.

Occupational Therapist

Licensure by Endorsement:

- ☐ The non-refundable licensure fee is \$120. Make check or money order payable to the Iowa Board of Physical & Occupational Therapy.
- ☐ **Official** professional transcripts sent directly to the board office from the school.
- ☐ **Official** score report from NBCOT verifying a passing score on exam.
- ☐ Applicants who hold or have held an occupational therapy license in any other state(s) or country(ies) must submit **official** verification of licensure status from each state where you have held a license. This must include issue date, expiration date and any pending or past disciplinary action.
- ☐ Employer(s) statement of practice of occupational therapy for a minimum of 2080 hours during the immediately preceding two-year period; or completion of 30 hours of continuing education during the immediately preceding two-year period; or have passed the licensure exam within 2 years prior to applying for licensure in Iowa.

Occupational Therapy Assistant

Licensure by Examination:

- ☐ The non-refundable licensure fee is \$120. Make check or money order payable to the Iowa Board of Physical & Occupational Therapy.
- ☐ **Official** professional transcripts sent directly to the board office from the school.
- ☐ **Official** score report from NBCOT verifying a passing score on exam.

Occupational Therapy Assistant

Licensure by Endorsement:

- ☐ The non-refundable licensure fee is \$120. Make check or money order payable to the Iowa Board of Physical & Occupational Therapy.
- ☐ **Official** professional transcripts sent directly to the board office from the school.
- ☐ **Official** score report from NBCOT verifying a passing score on exam.
- ☐ Applicants who hold or have held an occupational therapy assistant license in any other state(s) or country(ies) must submit **official** verification of licensure status from each state where you have held a license. This must include issue date, expiration date and any pending or past disciplinary action.
- ☐ Employer(s) statement of practice of occupational therapy for a minimum of 15 hours of continuing education during the immediately preceding two-year period; or have passed the licensure exam within 2 years prior to applying for licensure in Iowa.

Mailing Address:

**Iowa Board of Physical & Occupational Therapy
Iowa Department of Public Health
Bureau of Professional Licensure
Lucas State Office Building, 5th Floor
321 E. 12th Street
Des Moines, IA 50319-0075**

Web/Contact Information

**Website: www.idph.iowa.gov/licensure
Online Services: www.ibplicense.iowa.gov
Email: PLPUBLIC@idph.iowa.gov
Phone: 515-281-0254**